

101538847

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓			
2			✓			
3			✓			
4			✓			
5			✓			
6			✓			
7			✓			
8	✓		✓			
9	✓		✓			
10	✓		✓			
11			✓			
12			✓			
13			✓			
14			✓			
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43			✓			
44			✓			
45			✓			
46			✓			
47			✓			
48			✓			
49			✓			
50			✓			
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	20	←		←
TOTAL CLAIMS			23			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						